

HABILITATION, COMMUNITY PROTECTION AND TREATMENT HOURLY

Service Description

HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

This service provides a variety of interventions designed to maximize the functioning of Division memberconsumers with intensive behavioral support needs or who otherwise meet the criteria for community protection and treatment.

In general, this service is designed to provide treatments and related supports ~~designed to~~ ameliorate symptoms, disorders, or behaviors that have interfered with the memberconsumer's full inclusion in the community and to protect Community Protection and Treatment Program eligible Division members-consumers, as well as the general public, from possible harm. These services must capture community strengths and resources and be designed with clear and therapeutic measurable outcomes.

Community Protection and Treatment is designed to be a time-limited program based on the needs and progress of the memberperson.

Service Requirements and Limitations

This service may be provided in any setting upon authorizationed by the Division, except the service shall not be provided when the member is hospitalized or living in skilled nursing facility, non-state operated Intermediate Care Facility ("ICFs")/MR, or Level I or Level II behavioral health facility.-

- ~~1. This service shall not be provided when the memberconsumer is hospitalized.~~
- ~~2. This service shall not be provided to membersconsumers living in skilled nursing facilities, non-state operated Intermediate Care Facilities ("ICFs")/MR, or Level I or Level II behavioral health facilities.~~

Service Goals and Objectives

Service Goals

The foundation for achieving all service goals and objectives ~~shallwill~~ be based on a person-centered plan that will minimally consist of the following focuses: (1) a common understanding of the memberperson from a strengths/needs perspective, (2) developing a ~~shared~~-vision of the future that reflects a shared commitment for a quality life for the memberperson, (3) a listing of the opportunities and obstacles for reaching that vision, and (4) -a review process for checking progress over time.

1. To provide services that facilitate treatment with interventions designed accordingly:

1.1 To provide integrated treatment goals, ~~objectives/functional~~ outcomes, and therapeutic interventions that assist ~~members~~~~program participants~~ to function safely in society and avoid offending or re-offending.

1.2 To provide training, therapy, and supervision, whether voluntary or court-ordered, for ~~member~~~~consumers~~ to increase or maintain their self-help, socialization, and adaptive skills to better live successfully in the community and ~~not require more restrictive settings (e.g., incarceration, psychiatric hospital)~~~~continue to remain out of prison or psychiatric settings~~.

1.3 To assist the ~~member~~~~consumer~~ in defining, achieving, and maintaining a quality of life that corresponds to the ~~member~~~~consumer~~'s vision ~~for~~~~of~~ the future ~~and priorities~~.

1.4 To include the ~~member~~~~consumer~~ in both development and implementation; the program should be respectful to the ~~member~~~~consumer~~, with positive supports and collaboration with both the ~~member~~~~consumer~~ and team members.

2. To provide services ~~that facilitate~~~~that facilitate~~ protection with interventions designed accordingly:

2.1 To provide environmental and programmatic safeguards and structures that protect the ~~member~~~~consumer~~ as well as neighbors and community members from those behaviors that endanger the ~~member~~~~consumer~~, other people or property, and/or interfere with the rights of others.

2.2 To support ~~member~~~~consumers~~ to make positive choices to resolve or contain the behaviors that require intensive intervention and supervision, thus reducing the need for protective measures.

2.3 To be respectful to the ~~member~~~~consumer~~, with positive supports and collaboration with both the ~~member~~~~consumer~~ and team members.

Service Objectives

The Qualified Vendor shall ensure the following ~~objectives~~ are met:

1. In accordance with the ~~member~~~~consumer~~'s ~~planning document [e.g., Person-Centered Plan, and Individual Support Plan ("ISP")]~~~~document~~~~processes~~, assist in determining the habilitation needs of the ~~member~~~~consumer~~ in order to ensure that ~~member~~~~consumers~~ are

provided the appropriate habilitation services and other needed supports, as well as appropriate implementation strategies, and assist in developing ~~a support plan including:~~

- 1.1 ~~Establish H~~ habilitation-related ~~functional~~ outcomes that are based on assessment data and input from the ~~member~~consumer and the ~~member~~consumer's representative(s) which allow the member to achieve his/her long-term vision for the future and priorities.
- 1.2 ~~Develop A~~ a specific teaching/~~training~~ strategy for each ~~habilitative functional~~ outcome within ~~tent~~twenty (240) business days after initiating the service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy for each outcome shall identify the, e.g., schedule for implementation, frequency of services, ~~teaching strategies~~, data collection methods, and the steps to be followed to teach the new skill etc.
- 1.3 ~~Based upon the presence or absence of measurable progress, make C~~ changes to specific ~~functional~~ outcome(s) and/or strategies, as agreed upon by the member's planning team (e.g., Person-Centered Planning team or ISP team), based on the presence or absence of measurable progress by the member.
2. As identified in the ~~member~~consumer's planning document~~ISP or Person-Centered~~, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing positive behavior support and intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the ~~member~~consumer are being met, including providing follow up as requested by the ~~member~~consumer's ~~P~~primary ~~C~~are ~~P~~rovider ("PCP")~~physician~~ or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting ~~member~~consumers in following special diets, exercise routines, or other therapeutic ~~programs~~regimes;
 - 2.5 Mobility training, alternative, or adaptive communication training;
 - 2.6 ~~Providing general S~~supervision ~~to the consumer~~;
 - 2.7 Opportunities for training and/or practice in basic ~~life~~consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and

- 2.8 Assisting ~~member~~~~consumer~~ in utilizing community transportation resources to support the ~~member~~~~consumer~~ in all daily living activities (~~,-e.g., day treatment and training, employment situation, medical appointments, visits with family and friends,~~ and other community activities~~),-etc.,~~ as identified ~~with~~ in the ~~member~~~~consumer~~'s planning document~~ISP~~.
3. Develop, maintain, or enhance independent functioning skills in sensory~~iy~~-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each ~~member~~~~consumer~~ in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for ~~member~~~~consumer~~s to participate in community activities and facilitate ~~consumer~~-utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities and document ~~member~~~~consumer~~s' direct input into the schedule. Daily activities and schedules are based on ~~member~~~~consumer~~ choice and preferences, developmental level, planning document ~~ISP~~-goals, and enrichment of life experiences. Allow for reasonable choice in activity participation~~;~~ and offer alternative activities. This schedule shall be available to ~~member~~~~consumer~~s, ~~member~~~~consumer~~ representatives~~s~~, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, behavioral health providers, and schools, are coordinated to meet the needs of the ~~member~~~~consumer~~s served.
9. Assist the ~~member~~~~consumer~~'s planning ~~ISP~~-team in the development of the Emergency Contact Plan, Risk Assessment~~,~~ and the Discharge/Transition Checklist.
10. Provide security precautions for protection of neighbors and other community citizens to the extent possible.
11. Provide a structured and~~;~~ specialized environment.
12. Provide collaboration and coordination with appropriate community resources, such as local government, parole/probation officers, and law enforcement agencies.
13. Comply with any requirements ordered by the Courts, parole/probation officers, and law enforcement agencies, including requirements incorporated into the member's planning document.

Service Utilization Information

1. Utilization and authorization of services for each site will be determined based on the needs of the ~~member~~consumer and taking into consideration the other supports that are available, including typical staffing at group service setting to ensure the mitigation of risk for both the ~~member~~consumer and other community participants. ~~Revisions will be revised as needs change.~~
2. The ~~planning ISP~~ team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. The Qualified Vendor must comply with staffing levels as authorized by the Division staff and work in cooperation with the Division staff and the ~~member~~consumer's ~~planning ISP~~ team to reduce staffing level supports as the ~~member~~consumer requires less intensive supervision.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. Direct service staff must:
 - 1.1 Have at least three (3) months experience implementing and documenting performance in individual programs (~~i.e.~~, specific training strategies);
 - 1.2 Have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
 - 1.3 Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
2. The Qualified Vendor must require direct ~~service~~care staff to complete, at a minimum, the following training prior to start of work ~~but not limited to~~:
 - 2.1 Defining both challenging and desired behaviors in observable and measurable terms;
 - 2.2 Describing several strengths of ~~member~~consumers as well as needs and how these relate to challenging behaviors;

- 2.3 Describing the values of the memberconsumer and how they might contribute to the challenging behaviors;
 - 2.4 Identifying the memberconsumer's most effective learning style;
 - 2.5 Involving the memberperson, his/her's family, and other supportive people-others in the member's life in identifying strengths/needs;
 - 2.6 Identifying the need for the memberconsumer to have an assessment/reassessment to determine if behavioral health needs are being met;
 - 2.7 The recognition and proper response to inappropriate sexual behaviorStaff and/or victim grooming and manipulation techniques;
 - ~~2.8—The therapy “triangle relationship” that can occur;~~
 - ~~2.9—Recognizing emotional responses;~~
 - ~~2.10—Offense patterns;~~
 - 2.811 Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of program participants;
 - ~~2.12—Awareness of power and control over individuals in a subordinate role;~~ and
 - 2.913 Principles of positive behavior support and person-centered planning.
3. The training curriculum shall be available upon request of Division staff. In addition, the Qualified Vendor shall maintain documentation and training records for all direct care staff that provide this service, and shall be available upon request by Division staff.
 4. The Qualified Vendor shall ensure that appropriate staff participates in any Division-supported forums designed to assist all Community Protection and Treatment providers in the areas of person-centered planning reviews, ongoing staff training aimed at developing competencies in positive behavioral supports and other therapeutic modalities, clinical oversight, and other supportive ventures.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall ensure that a copy of the memberconsumer's planning document ~~ISP~~ and behavioral plans are accessible to all direct care staff. Any changes to the plan shall be immediately reported to the Support Coordinator. It shall be available to the memberconsumer/family/ -memberconsumer's representative and/or Division upon request.

2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later than twentyen (240) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member.

32. The Qualified Vendor shall submit quarterly progress reports, ~~including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established functional outcomes, within thirty (30) days after the close of the quarter~~ to the ~~memberconsumer's~~ Support ~~Coordinate~~ Division and the ~~memberconsumer/family/memberconsumer's~~ representative ~~no later than the fifteenth (15th) day of July, October, January, and April~~ unless the member/member's representative has requested not to receive them. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports.

3.1—At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes.

43. The Qualified Vendor ~~shall~~must maintain daily records on file as proof of the number of hours worked by ~~each~~their direct service staff providing direct service to members, e.g., staff time sheets.

4.1 Each time ~~sheet~~-sheet, ~~or~~ equivalent document, or data system shall~~must~~ contain the original ~~be signed or other independent verification (that complies with A.R.S. § 41-132) of~~ by the memberconsumer/family/memberconsumer's representative after service delivery as confirming the verification of hours worked~~served. Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.~~ .-

54. The Qualified Vendor shall maintain records that:

54.1 Confirm the availability and appropriateness of Emergency Contact Plan and Risk Assessment.

54.2 Document dates of on-site monthly administrative supervision and monitoring to each Community Protection and Treatment ~~memberconsumer~~ receiving this hourly service.

54.3 Document that security precautions for protection of neighbors and other community citizens continue to be appropriate.

54.4 Confirm that there continues to be a structured and, specialized environment for the Community Protection and Treatment ~~memberconsumer~~.

54.5 Document all collaboration and coordination with appropriate community resources including other service providers, local government, parole/probation officers, and law enforcement agencies that haves occurred.

65. The Qualified Vendor shall maintain data that demonstrates full compliance with—all programmatic and contractual requirements of the Department and the Division.